



HEALTH PROFESSIONS  
EDUCATION FOUNDATION  
*Giving Golden Opportunities*

## Steven M. Thompson Physician Corps Loan Repayment Program

The Health Professions Education Foundation is helping to improve healthcare in underserved areas of California by providing loan repayments to physicians who are dedicated to serving in those areas.

The purpose of the *Steven M. Thompson Physician Corps Loan Repayment Program* is to increase the number of culturally and linguistically competent physicians who are practicing in medically underserved areas of California. Loan repayments are awarded to physicians who are employed or have a tentative offer of full-time employment in a medically underserved area of California to repay governmental or commercial loans incurred while pursuing their professional education.

**Yes, I would like to invest in the Steven M. Thompson program  
to increase access to medical care in underserved areas of California!**

I have enclosed the following gift of: ☐ \$5,000 ☐ \$2,500 ☐ \$1,000 ☐ \$500  
☐ \$100 ☐ \$50 ☐ other \$ \_\_\_\_\_

Please indicate how you would like your gift used:

☐ Loan Repayment Awards

☐ General Operating Support

To make a credit card contribution, indicate:

☐ Visa ☐ MasterCard ☐ American Express

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Please make your check payable to **Health Professions Education Foundation**

and mail to: 818 K Street, Suite 210  
Sacramento, CA 95814

Please print the following information  
to receive acknowledgment of your gift.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Does your employer have a matching gift program? ☐ Yes ☐ No

If Yes, please provide employer name: \_\_\_\_\_

*We appreciate your support.*